

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032169

FILED VS. SEP 8 1960
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8506

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b -----		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1826 N. 21st Street, 6,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1826 N. 21st Street,			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE MARTHA FERRIS				4. DATE OF DEATH Month Day Year August 29th, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-18-1880		9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Kaskaskia, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Knewman Dobbs			13b. MOTHER'S MAIDEN NAME Mary Lafleur			14. NAME OF HUSBAND OR WIFE John W. Ferris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address John W. Ferris, 1826 N. 21st St., (6)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) Coronary heart disease DUE TO (b) (2) Arterio-sclerotic heart disease DUE TO (c) (3) Ventricular fibrillation + Auricular PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General age with heart disease many years PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH Unknown many years unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) 4200					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Aug 9, 1960 to Aug 19, 1960 and last saw ^{her} alive on Aug 19, 1960 . Death occurred at Aug 29, 1960 3:44 a.m. on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) Barney W. Trusel M.D.				22b. ADDRESS 6508 W Florissant Ave		22c. DATE SIGNED 8/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-1-60	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. STATE Missouri	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FUNERAL DIRECTOR, **ALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri**
 DATE RECD. BY LOCAL REG. **AUG 30 1960**
 REGISTRAR'S SIGNATURE **H. I. Smith, M.D.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.